DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES		•		10/27/201 APPROVE
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				0938-039
	T OF DEFICIENCIES DF C DRRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l '	TIPLE CONSTRUCTION ING	(X3) DATE	E SURVEY PLETED
		495358	B, WING		10/	C 14/2016
NAME OF	PRD VIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
AMELIA	NURSING CENTER			B830 VIRGINIA STREET AMELIA, VA 23002		
tX4) ID PREFIX TAG	TEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI; TAG	PROVIDER'S PLAN OF CORRECTI X tEACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	†X5  COMPLETION OATE
F 225 SS=D	483.13(c)(1)(ii)-(iii), INVESTIGATE/REF	PORT	F 2	25 esident # 2 after review of the residents		11/1/16
	be en found guilty of mistreating resident had a finding entere registry concerning of residents or misa and report any know court of law against indicate unfitness for	t employ individuals who have abusing, neglecting, or s by a court of law; or have ad into the State nurse aide abuse, neglect, mistreatment ppropriation of their property; vledge it has of actions by a an employee, which would r service as a nurse aide or	chai mee adm that to sa The with from A 30	rt, discussion with the resident's daughter ting with Resident, daughter, ombudsmainistrator and clinical staff it was determented this facility could not provide the care not after this resident from elopement. It discharge staff has made efforts to find a locked unit where this resident would be elopement. It day notice of discharge letter has been the Resident's RP, her daughter.	er an, iined ecessary a facility be safe	111111
	The facility must ensinvolving mistreatme including injuries of misappropriation of immediately to the ato other officials in a	sure that all alleged violations ent, neglect, or abuse, unknown source and resident property are reported dministrator of the facility and ccordance with State law procedures (including to the	by the document of ell performance of the contraction of the document of the d	100% audit has been done of all reside ne QA nurse and unit managers to revieumentation of elopement as definded by opement by National Institute of Elopemition of Elopement-"When a patient or nitvely, physcial, mentally, emotionally, a aired wanders away, walks away, runs a wise leaves a caregiving facility or envirupervised, unoticed, and/or prior to their onal Institue for Elopement Prevention.	w for the definit nent Preve resident w and/or cher way, esca iroment	iion ntion vho is mically pes or
		re evidence that all alleged ghly investigated, and must	revi:	he Abuse Policy and Procedure has bee sed to include elopement as a reportable all staff has been educated regarding th	e incident	11/2/16

prevent further potential abuse while the investigation is in progress.

The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

P&P.

4. The QA Committee will review in the quarterly 11/3/16 meeting all facility reported incidents. The Risk Management weekly meeting will also review all Facility Reported Incident and any incidents of elopement.

·		
ABDRATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) OATE
Tarinia m Inead	administrator	11-3-16
	COURT - 1 SALLE CONTROL OF THE PERSON OF THE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above lindings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an action of the continued process and plans of correction are disclosable 14 days following the date these documents are made available to the facility. program participation.

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO	D. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495358	B. WING			10	C 0/14/2016
	PROVIDER OR SUPPLIER NURSING CENTER		1	88	REET ADDRESS, CITY, STATE, ZIP CODE 30 VIRGINIA STREET MELIA, VA 23002		71-4,2010
(X4 <sub>1</sub> ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(XS) COMPLETION DATI:
F 225	by: Based on staff inter and facility document that facility staff fails elopement to the apone of six residents Resident #2.  For Resident #2, facincidents of elopement June of 2016 to the The findings include Resident #2 was ad 3/28/14 with diagnost limited to high blood stroke, and Non-Alz #2's most recent ME quarterly assessment reference date) of 8/2 coded as being modithe ability to make dof 15 on the BIMS (Elexam. Resident #2 independent with modiving).	rview, clinical record review nt review, it was determined ed to report three incidents of oppopriate state agencies for in the survey sample,  cility staff failed to report three ent that occurred in May and appropriate state agencies.  cility staff failed to report three ent that occurred in May and appropriate state agencies.  cility staff failed to report three ent that occurred in May and appropriate state agencies.  cility staff failed to report three ent that occurred in May and appropriate state agencies.  cility staff failed to report three ent that occurred in May and appropriate state agencies.  cility staff failed to report three ent that occurred in May and appropriate state agencies.  cility staff failed to report three ent that occurred in May and appropriate state agencies.  cility staff failed to report three ent that occurred in May and appropriate state agencies.  cility staff failed to report three ent	F 2	225			
	nursing note dated 5 part, the following: "3 resident outside with leaving the facility. Fher to return back to supervisor banged o	#2's clinical record revealed a 6/21/16 that documented in 3:35 p.m Supervisor noted a youth group that was Resident approached to get the facility. 3:30 p.m. In emergency exit door for toted to be walking around					

the facility in an attempt to be protesting for her rights and freedom. Resident states that the

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	_				O. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
		495358	B. WING		WEST TOTAL CONTRACT AND A STATE OF THE STATE	1	C <b>0/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  AMELIA NURSING CENTER				8830	EET ∧DDRESS. CITY, STATE. ZIP COD D VIRGINIA STREET ELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FUI.L  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
	could not take a pic came in for activitie assist with getting rebuilding. 4:20 p.m., is back in the facility door. Continues to daughter about bein making several attemother at this time.'  Further nursing doc following: "4:35 p.m facility in parking lot Upon speaking with was not returning to down the street." Whe unsafe and not in said, "that she was apartments." Again safe and resident perfacility. Resident stating all the time in the treatment was unfair going to leave this performed to entrance was unareturn to facility. Refacility accompanied to entrance, resident reenter facility. Refacility accompanied to get resident unable to get resident.	er human rights because she ture with the youth group that s. 4:10 p.m Daughter call to esident back inside the daughter arrived and resident y sitting on the couch near the be argumentative with her ag a prisoner here. Daughter mpts to reason with her "  "umentation revealed the ", Resident noted outside of as group was leaving facility. resident she stated, "She facility and was going to walk friter advised her that would her best interest. Resident going up the hill to the advised resident that was not oceeded to ambulate around ated, "that they do this kind of the south. This kind of the south. This kind of the these folks. she was not rotest at the Dr. King rally." It with staff at the south this time no staff was able to ck into facility. Numerous spoke to resident on phone able to convince resident to sident proceeded around by x3 staff. Upon returning the continued to refuse to parrived and was initially	F 2	225			

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second occasion where Resident #2 left the building unsupervised. The following was

Event ID: V00K11

Facility ID: VA0002

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	.,		OMB NO	0. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN DF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED
		495358	B. WING		40	C
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 21 8830 VIRGINIA STREET AMELIA, VA 23002		/14/2016
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION]	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5] COMPLETION DATE
	around facility by he (sic) at 3:25 p.m. The same. Pt. (patient) "You're not my bossipust got done with (heatif) with this same not in prison, so leather about the unsaft. The third occasion with building was documed following was documed followed following was documed followed followed followed with the following followed	p.m. Resident outside walking erself without staff presence his writer talked to her about Argumentative and stating and shut up about this." I Name of staff) and (Name of etalk and here you come. I'm eve me alone. Explained to eness (sic)"  where Resident #2 left the ented on 6/21/16. The mented, "4:52 p.m. Resident rking lot at this time per DON) upon supervisor and UM ing to front of building dering in parking lot near cars obting to back up an no seeing hit her. Resident was able to in time with no injury noted. I) outside on porch sitting with thair at present time as it her e. Staff to continue to afety."	F 2	225		

incidents such as injuries of unknown origin,

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-039
	NT OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG	IX3) OATE SURVEY COMPLETEO
		495358	B. WING	THE TOTAL PROPERTY AND ADDRESS	C 10/14/2016
NAME OF	PROVIOER OR SUPPLIER		<del></del>	STREET AOORESS, CITY, STATE, ZIP COOE	
AMELIA	NURSING CENTER			8830 VIRGINIA STREET AMELIA, VA 23002	
(X4] IO PREFIX TAG	(EACH OEFICIENCY	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL .SC IOENTIFYING INFORMATION	IO PREFIX TAG	PROVIOER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCEO TO THE APP OEFICIENCY)	DULO BE COMPLETION
	abuse. When aske the office if an elope stated yes. When a elopement, ASM #1 an elopement as a premises. When as been submitted for Resident #2 wander unsupervised, ASM trying to run away or When asked if Resi to walk down the strouilding, ASM #1 statells staff when she ended up stopping. The DON (Director of medical leave and conterview.  On 10/14/16 at 1:21 aware of the above.  The Facility's Abuse reporting elopement state agencies only.	t abuse, and staff to resident ed if she would submit a FRI to ement had occurred, ASM #1 asked what she considered and stated that she considered resident wandering off the sked if a FRI should have the three occasions that ered into the parking lot 1 #1 stated, "No she wasn't or leave. That'd be different." ident #2 had ever threatened reet or refuse to come into the stated, "Yes, but she usually is going outside. Her behavior "ASM #1 stated that once the outside unsupervised, a staff k with her outside.  of Nursing) was out on could not be reached for an example of the policy only addressed the pisodes to the required if an injury had also occurred.	F 22		
	policies and procedumistreatment, neglection	ETC POLICIES velop and implement written	disc the clini prov	to Resident #2 after review of the resider russion with the Residents daughter r residents daughter, ombudsman, adr ical staff it was determined that this fa vide the care necessary to safe gauro perment.	meeting with minstrator, and acility could not

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Event IO: V00K11

Facility IO: VA0002

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				10		0938-0391
	OF DEFICIENCIES OF CORRECTION	X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) Mui A. Builc		E CONSTRUCTION		(X3) OATE : COMPL	LETEO
		495358	B. WING	·			C 1 <b>0/1</b> 4	4/2016
NAME OF F	PROVIOER OR SUPPLIER	<u> </u>		ST	REET AOORESS, CITY, STATE, ZIP C	COOE	<u> </u>	<u> </u>
AMELIA!	NURSING CENTER			88	30 VIRGINIA STREET			
Fillmm,	HOROITO CETT, E.			Al	MELIA, VA 23002			
JX4) ID PREFIX TAG	[EACH OEFICIENCY	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	ID PREF TAG		PROVIOER'S PLAN OF CO  EACH CORRECTIVE ACTION CROSS-REFERENCEO TO THE OEFICIENCY)	NSHOULO	BE	(X5) COMPLETION OATE
F 226	Continued From pa	iae 5	- F:	226				·
, 223	This REQUIREMEN by: Based on staff inte	NT is not met as evidenced erview, facility document review review, it was determined that	2. T the add an e	he Q docu ress elope	A nurse and unit managers h mentation and met with other any resident who currently co ment risk.	r clinical : ould be c	staff to lassified a	
	the facility staff faile procedures to repor	ed to follow policies and rt an elopement on three of six residents in the survey	has by ti defi cog	beer he Na niatio nitvel	oolicy and Procedure in place n revised to include the definit ational Institue of Elopement I on states ""When a patient or ly, physcial, mentally, emotion	tion of ele Prevent. resident nally, and	opement This who is d/or chem	nically
	For Resident #2, facility staff failed to follow policies and procedures to report an elopement that occurred on three occasions in May and June of 2016.			impaired wanders away, walks away, runs away, escapes or otherwise leaves a caregiving facility or environment unsupervised, unoticed, and/or prior to their discharge."  As well as noting that elopement is considered a reportable incident.				1
	The findings include	e: Imitted to the facility on	In a	dditic	nas been educated on the rev on a new event tool has been ata base to be completed any	added to	o the clini	
	3/28/14 with diagnoral limited to high blood	ses that included but were not dispressure, high cholesterol, whether is dementia. Resident			The clinical staff has been ed son the use of this tool.	ucated b	y the Uni	t
	quarterly assessme reference date) of 8 coded as being mod the ability to make d of 15 on the BIMS (I exam. Resident #2	DS (minimum data set) was ent with an ARD (assessment 8/20/16. Resident #2 was derately cognitively impaired in daily decisions scoring 10 out Brief Interview Mental Status) was coded as being ost ADL'S (activities of daily	at t	he qu	icility Reported Incidents will to uarterly QAand also at the we ment meetings.			11/3/16

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Review of Resident #2's clinical record revealed a nursing note dated 5/21/16 that documented in part, the following: "3:35 p.m. - Supervisor noted resident outside with a youth group that was leaving the facility. Resident approached to get her to return back to the facility. 3:30 p.m. supervisor banged on emergency exit door for assistance. Resident noted to be walking around

Event IO: V00K11

Facility IO: VA0002

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CENTE	RS FOR MEDICARE	E & MEDICAID SERVICES			OMB NO	<u>O. 0938-03</u> 91
STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING	(X3) O/	ATE SURVEY OMPLETEO
		495358	B. WING		1/	C 0/14/2016
	PROVIOER OR SUPPLIER NURSING CENTER			STREET AOORESS, CITY, STATE 8830 V)RG)N)A STREET AMELIA, VA 23002		
(X4) IO PREFIX TAG	(EACH OEFICIENC)	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL LSC IOENTIFYING INFORMATION)	IO PREFIX TAG		ACTION SHOULO BE TO THE APPROPRIATE	(X5) COMPLETION DATE
F 226	rights and freedom. facility is violating he could not take a pice came in for activities assist with getting repuilding. 4:20 p.m. is back in the facility door. Continues to daughter about being making several attemether at this time.  Further nursing door following: "4:35 p.m facility in parking lot Upon speaking with was not returning to down the street." We be unsafe and not in said, "that she was apartments." Again safe and resident preatility. Resident stating all the time in treatment was unfair going to leave this pwas able to connect emergency exit. At redirect resident bacattempts madeRP and she too was unreturn to facility. Refacility accompanied to entrance, resident	empt to be protesting for her in. Resident states that the per human rights because she cause with the youth group that es. 4:10 p.m Daughter call to resident back inside the caughter arrived and resident by sitting on the couch near the per a prisoner here. Daughter empts to reason with her empts to reason with her caumentation revealed the caughter empts to reason with her empts to the stated, "She empts to facility and was going to walk writer advised her that would in her best interest. Resident going up the hill to the advised resident that was not roceeded to ambulate around thated, "that they do this kind of it to these folks. She was not crotest at the Dr. King rally." It with staff at the south this time no staff was able to cok into facility. Numerous esident proceeded around do by x3 staff. Upon returning at continued to refuse to arrived and was initially	F 2:			

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Further review of the clinical record revealed a

Facility IO: VA0002

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CENTE	RS FOR MEDICARE	- & MEDICAID SERVICES		O	MB NO. 0938-0391	
, - 1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BIJILDING		(X3) DATE SURVEY COMPLETED	
		495358	B. WING		C 10/14/2016	
	PROVIDER OR SUPPLIER  NURSING CENTER		8	TREET ADDRESS, CITY, STATE, ZIP CODE 830 VIRGINIA STREET MELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	N (X5) DBE COMPLETION RIATE DATE		
F 226	second occasion w building unsupervis was documented, ' walking around fac presence (sic) at 3: her about same. P stating "You're not i	age 7 where Resident #2 left the sed on 6/4/16. The following 1/5:12 p.m. Resident outside ility by herself without staff 1:25 p.m. This writer talked to 1/2 (patient) Argumentative and 1/2 my boss and shut up about 1/2 e with (Name of staff) and	F 226			

The third occasion where Resident #2 left the building was documented on 6/21/16. The following was documented, "4:52 p.m. Resident out wandering in parking lot at this time per DON (Director of Nursing) upon supervisor and UM (unit manager) arriving to front of building resident noted wandering in parking lot near cars with visitor in attempting to back up an no seeing resident and almost hit her. Resident was able to move out of the way in time with no injury noted. CNA (name of CNA) outside on porch sitting with resident in rocking chair at present time as it her desire to stay outside. Staff to continue to monitor resident's safety."

(Name of staff) with this same talk and here you come. I'm not in prison, so leave me alone. Explained to her about the unsafeness (sic)..."

The facility did not submit a FRI (facility reported incident) to the appropriate state agencies regarding the above elopements.

On 10/12/16 at 4:56 p.m., an interview was conducted with ASM (administrative staff member) #1, the administrator. When asked when a FRI (facility reported incident) would be submitted to the OLC, she slated that an incident should be reported within a 24 hour period and then 5 working days to complete an investigation or provide a follow-up. When asked when the

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				<u>OMR NO</u>	<u>. 0938-0391</u>
	T OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUL A. BUILO		CONSTRUCTION	(X3) OATE SURVEY COMPLETEO	
		495358	B. WING			}	C
<del></del>		493338	D. WING			10/	/14/2016
NAME OF	PROVIOER OR SUPPLIER			STR	REET AOORESS, CITY, STATE, ZIP COOE		
AMELIA	NURSING CENTER			8831	0 VIRGINIA STREET		
,	TOTO OLIVILIA			AM	ELIA, VA 23002		
(X4) IO PREFIX TAG	(EACH OEFICIENC)	TEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFI TAG		PROVIOER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCEO TO THE APPRO OEFICIENCY)	LO BE	(X5) COMPLETION OATE
F 226		ge 8 it a FRI, ASM #1 stated for njuries of unknown origin,	F 2	!26			
	abuse. When aske	abuse, and staff to resident ed if she would submit a FRI to					
	stated yes. When a	ement had occurred, ASM #1 asked what she considered an I stated that she considered					
	an elopement as a	resident wandering off the sked if a FRI should have					
	been submitted for	the three occasions that red into the parking lot					
	trying to run away o When asked if Resi to walk down the str	#1 stated, "No she wasn't r leave. That'd be different." ident #2 had ever threatened reet or refuse to come into the ated, "Yes, but she usually					
	tells staff when she ended up stopping.'	is going outside. Her behavior 'ASM #1 stated that once the outside unsupervised, a staff					
		of Nursing) was out on could not be reached for an					
	On 10/14/16 at 1:21 aware of the above	p.m., ASM #1 was made concerns.					
	reporting elopement	Policy only addressed tepisodes to the required if an injury had also occurred.					
F 280	483.20(d)(3), 483.10		F 2	80			İ
SS=D	PARTICIPATE PLAN	NNING CARE-REVISE CP	1. Res	sident	:#2's care plan has been updated	to	10/24/16
	incompetent or othe	e right, unless adjudged rwise found to be the laws of the State, to	includ and m The re	e the a neasur esiden	attempts resident has made to elores to be used to help prevent elop that and resident's daughter have be to in the care planning process.	pe ement.	

participate in planning care and treatment or

to participate in the care planning process.

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CENTER	12 LOK MEDICAVE	& MEDICAID SERVICES	-,			OMP I	<u>IO. 0936-0391</u>
STATEMENT OF DEFICIENCIES ANO PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BIJILDING		ONSTRUCTION		DATE SURVEY COMPLETEO
		495358	B. WING		alleri deleter yez yezy deleter er yez yezy saata saat petro a alempany yez heleter y		C 10/14/2016
NAME OF F	PROVIOER OR SUPPLIER			STRE	ET AOORESS, CITY, STATE, ZIP COOE		
AMELIA	NURSING CENTER			8830	VIRGINIA STREET		
AWELIA	NURSING CENTER			AME	ELtA, VA 23002		
(X4) IO PREFIX TAG	(EACH OEFICIENC)	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDEO BY FULI. SC IOENTIFYING INFORMATION)	IO PREF TAG	x	PROVIOER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCEO TO THE APPR OEFICIENCY)	JLO BE	JX5J COMPLETION DATE
F 280	Continued From pa	nge 9	F	280			
	changes in care an		2 Т	he 100	% audit of residents documenta	tion	11/2/16
	changes in care and treatment.				ident who may be a possible elo		11/2/10
	A comprehensive care plan must be developed within 7 days after the completion of the				cluded care plan review of anyon		
					elopement risk.		
	comprehensive assessment; prepared by an						
	interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs,				cal staff has been educated on t		11/2/16
					event tool that is part of the clini This is to be completed for any		
					Part of this tool triggers immed		
		racticable, the participation of			ns used and the need for care pl		
		sident's family or the resident's		ates.	•		
		e; and periodically reviewed					
		am of qualified persons after	4. 1 upd and	11/3/16			
					ncident.	,	
	This REQUIREMENT by:	NT is not met as evidenced					
	Based on staff inte	rview, facility document review					
		review it was determined that					
		review and revise the					
		e plan for one of six residents					
	in the survey sampl	e, Resident #2.					
	For Resident #2 fa	cility staff failed to update the					
		e plan after each elopement					
		ent new interventions to be					
	implemented to pre	vent further elopements.					
	The findings include	e:					
		Imitted to the facility on					
	8/28/14 with diagnoses that included but were not imited to high blood pressure, high cholesterol,						
	•	i pressure, nign cholesterol, heimer's dementia. Resident					

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#2's most recent MDS (minimum data set) was

EvenI IO: V00K11

Facility IO: VA0002

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PRINTED: 10/27/2016 FORM APPROVED OMB NO. 0938-0391

CENTE!	RS FOR MEDICARE	E & MEDICAID SERVICES					O. 0938-0391
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		CONSTRUCTION	(X3) D/	ATE SURVEY OMPLETED
	!	495358	B. WING	i		1	C 0/14/2016
	PROVIDER OR SUPPLIER		<u> </u>		EET ADDRESS, CITY, STATE, ZIP CODE D VIRGINIA STREET		VI E-IIAV L
AMLEIA	NOKSING OLIVILIA			AMF	ELtA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 280	Continued From pa	_	F:	280			
	reference date) of 8 coded as being more the ability to make of 15 on the BIMS (exam. Resident #2 independent with m living).	ent with an ARD (assessment 8/20/16. Resident #2 was oderately cognitively impaired in daily decisions scoring 10 out (Brief Interview Mental Status) 2 was coded as being nost ADL'S (activities of daily the #2's clinical record revealed a					
	nursing note dated a part, the following: " resident outside with leaving the facility. her to return back to supervisor banged cassistance. Resident the facility in an atterights and freedom. facility is violating he could not take a pict came in for activities assist with getting rebuilding. 4:20 p.m., is back in the facility door. Continues to I daughter about bein	5/21/16 that documented in "3:35 p.m Supervisor noted th a youth group that was Resident approached to get o the facility. 3:30 p.m. on emergency exit door for nt noted to be walking around empt to be protesting for her. Resident states that the er human rights because she cture with the youth group that is. 4:10 p.m Daughter call to esident back inside the daughter arrived and resident y sitting on the couch near the be argumentative with her and a prisoner here. Daughter empts to reason with her					
	following nursing not Resident noted outs group was leaving fa resident she stated, facility and was going	sumentation revealed the ote dated 5/21/16: "4:35 p.m., side of facility in parking lot as acility. Upon speaking with "She was not returning to no to walk down the street."					

in her best interest. Resident said, "that (Sic.) she was going up the hill to the apartments."

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CENTERS FOR MEDICARE & MEDICAID SERVICES				DMB NO. 0938-0391		
STATEMENT	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) OATE SURVEY COMPLETEO
İ	1	495358	B. WING	·		C 10/14/2016
NAME OF	PROVIOER OR SUPPLIER		-		REET AOORESS, CITY, STATE, ZIP COOE	
AMELIA	A NURSING CENTER			l	30 VIRGINIA STREET MELIA, VA 23002	
(X4) IO PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOED BY FULL .SC IOENTIFYING INFORMATION)	IO PREFI TAG		PROVIOER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCEO TO THE APPROP OEFICIENCY)	OBE COMPLETION
F 280	resident precede (S facility. Resident st thing all the time in treatment was unfair was not going to lear rally." Was able to emergency exit. At redirect resident barattempts madeRF and she too was un return to facility. Refacility accompanied to entrance, resident reenter facility. Refacility accompanied to entrance, resident reenter facility. Refurther review of the second occasion on left the building unsidocumented, "5:12 around facility by he (sic) at 3:25 p.m. The same. Pt. (patient) "You're not my bossifust got done with (N staff) with this same not in prison, so lear her about the unsafe. The third occasion while the document of the same of the document of the same of the document of the unsafe. The third occasion while the unsafe.	dent that was not safe and Sic.) to ambulate around stated, "that they do this kind of the south. This kind of air to these folks. she (Sic.) ave this protest at the Dr. King connect with staff at the south this time no staff was able to ack into facility. Numerous P spoke to resident on phone hable to convince resident to esident proceeded around ad by x3 staff. Upon returning int continued to refuse to arrived and was initially ent in facility"  The clinical record revealed a no 6/4/16 where Resident #2 supervised. The following was p.m. Resident outside walking erself without staff presence his writer talked to her about a Argumentative and stating is and shut up about this." I Name of staff) and (Name of e talk and here you come. I'm ave me alone. Explained to		280		

with visitor in attempting to back up and not seeing resident and almost hit her. Resident was

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			C	<u>)MB NO</u>	_0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ONSTRUCTION		E SURVEY MPLETED
							С
		495358	B. WING			10/	14/2016
NAME OF	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
ARRELIA	NURSING CENTER			8830	VIRGINIA STREET		
MINIERIA	MOKSING CENTER			AME	ELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	VIEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 280	Continued From pa	ge 12	F 2	80			
	· ·	the way in time with no injury		00			
	noted. CNA (name	of CNA) outside on porch					
		in rocking chair at present					
		to stay outside. Staff to					
	continue to monitor	resident's safety."					
	Raviaw of Resident	#2's care plan dated 8/22/16					
	did not address her elopement episodes or any						
	new interventions in place to prevent elopement.						
	The following was documented under care area						
	Cognitive Loss/Dementia: "Resident A (alert) and						
		ome impairment. Moves freely					
		knows how to locate places,					
		ered; family involved,					
		during evening hours; pacing					
	up and down hallwa						
	satisfaction with car						
		id assuming an overly Calm resident if signs of					
		uring the decision making					
		resident to verbalize feelings					
		ge small group programs,					j
		ent choicesprovide cues					
		ovide special environmental					
	stimuli, set expecta	tions and limits for resident"					
	On 10/12/16 at 5:20	p.m., an interview was					
		(licensed practical nurse) #3.					
		the purpose of a care plan,					
	LPN #3 stated that i	t was used to direct the care					
		esident. LPN #3 stated that it					ľ
		ny new changes such as skin					l
	•	atus, falls etc. When asked					
	where a resident elo						1
	-	ated that an elopement					!
		ted in a nursing note and on					]
		3 stated that any staff					
	member providing a	irect care can refer back to					

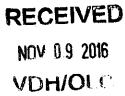
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the care plan and should be able to find

Event ID: V00K11

Facility ID: VA0002

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PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	A. BUILOING	PLE CONSTRUCTION  S  STREET AOORESS. CITY, STATE, ZIP COOE	(X3) OATE SURVEY COMPLETEO C 10/14/2016
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		STREET AOORESS, CITY, STATE, ZIP COOE	
	E .		
		8830 VIRGINIA STREET AMELIA, VA 23002	
MENT OF OEFICIENCIES IST BE PRECEOEO BY FULL OENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO CROSS-REFERENCEO TO THE APPROPE OEFICIENCY)	BE COMPLETION
l	ST BE PRECEOEO BY FULL	ENT OF OEFICIENCIES IO ST BE PRECEOEO BY FULL PREFIX	ST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD DENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPE

#### F 280 Continued From page 13

information about an elopement if it had occurred.

On 10/14/16 at 11:00 a.m., an interview was conducted with LPN #4. When asked about the purpose of a plan was, LPN #4 stated that it was to address all aspects of care for each resident. When asked when the care plan is updated, LPN #4 stated that it was updated with any changes such as mental or physical. When asked who updates the care plan, LPN #4 stated that MDS updates the care plan. She stated that nurses will tell MDS of any new changes that occurred with the resident and then MDS will update the care plan. When asked if incidents such as elopements would be on the care plan, LPN #4 stated, "I would consider elopements something that should be on the care plan because new interventions should be in place like alarms." When asked if she could find where Resident #2's episodes of elopements are documented on the care plan, LPN #4 stated that she could not find evidence of elopements.

On 10/14/16 at 11:13 p.m., an interview was conducted with LPN #6, the MDS coordinator. LPN #6 was asked the purpose of a care plan. LPN #6 stated that the care plan was to give facility staff a basic idea of what the resident can or can't do. When asked when the care plan is updated, LPN #6 stated that it is updated every day with new doctor orders, significant changes, and quarterly. When asked if elopement episodes should be on the care plan, LPN #6 stated, yes. LPN #6 stated that she had never known for Resident #2 to elope. LPN#6 stated, "I wouldn't say that she elopes. She knows her whereabouts, that's why it is not on the care plan. She likes to walk around."

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CENTER	RS FOR MEDICARE	E & MEDICAID SERVICES			<u>O</u>	MB NO. 09	938-0391
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		495358	B. WING			C 10/14	/2016
NAME OF F	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	<del></del>	
AMELIA	NURSING CENTER		[	8830	VIRGINIA STREET		
AMELIA	NORSING CENTER			AME	ELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI; TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE C	(X5) COMPLETION OATE
F 280	administrator was r findings. No furthe prior to exit.	1 p.m., ASM #1, the made aware of the above or information was presented	F 2	80			
	documents in part t wellbeing of all resi wandering is ensur- residents who are a	, "Wandering Resident" the following: "The safety and idents with potential for red at all times. POLICY: All at risk for harm because of r have Resident Care Plan that e"					
F 323 SS=D	(Potter and Perry, 2 reference for care pwritten guideline for promoting continuity criteria to be used in care. The written conursing care prioritiprofessionals. The coordinates resource care. A correctly for easy to continue calf the patient's statunursing diagnosis a no longer appropria plan. An out of date	entials for Practice, 6th edition, 2007, pages 119-127), was a plans. A nursing care plan is a recoordinating nursing care, y of care and listing outcome in the evaluation of nursing care plan communicates are plan also identifies and care plan also identifies and care plan also identifies and care plan makes it are from one nurse to another, as has changed and the and related interventions are ate, modify the nursing care are or incorrect care plan uality of nursing care.  FACCIDENT VISION/DEVICES	F 32				
	The facility must energy environment remain as is possible; and e	sure that the resident as as free of accident hazards each resident receives and assistance devices to	prov place reme	ride saf ement oved it	t #2 has refused all staff efforts to fety measures. She agreed to the of a wander guard transponder the after 2 days. Refused to allow it to k on her person. All attempts by sta	en be	11/3/16

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prevent accidents.

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daughter to reason with Resident #2 have failed.

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CENTER	RS FOR MEDICARE	E & MEDICAID SERVICES			OMB NO.	0938-039	
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		495358	B WINC	S	ſ	C 44/2046	
NAME OF I	PROVIDER OR SUPPLIER		<u> </u>	STREET ADORESS, CITY, STATE, ZIP CO		14/2016	
	NURSING CENTER			8830 VIRGINIA STREET AMELIA, VA 23002			
(X41ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S	SHOULO BE	(X5) COMPLETION DATE	
F 323	by:	NT is not met as evidenced	F 323  Cont. She states "I know my rights" All facility staff are aware of this residents failure to comply with safety measures. Staff will provide continuous monitoring of her where abouts until her discharge. A monitoring flowsheet has been set up to document this intervention. No chemical interventions have been used. Unit Manager to check daily.				
Based on staff interview, facility document review and clinical record review it was determined that facility staff failed to implement safety measures to prevent elopement for one of six residents in the survey sample, Resident #2.  For Resident #2, facility staff failed to implement interventions and safety measures after two.  used. Unit Manager to check daily.  2. A 100% audit of all chart docume QA nurse and unit managers to ass measures were in place if needed by Query provide a safe environment for the residents.	and clinical record r facility staff failed to to prevent elopement	review it was determined that o implement safety measures ent for one of six residents in	2. A QA r	100% audit of all chart documentation of the state of the	all safety	11/2/16	
	ll staff has been educated by QA hovide a safe environment for the reside opriate safety measures have been all clinical staff.	ents and	11/2/16				
	The findings include:  Resident #2 was admitted to the facility on 3/28/14 with diagnoses that included but were not limited to high blood pressure, high cholesterol, stroke, and Npn-Alzheimer's dementia.	repo comi	all Facility Reported Incidents and Incorts are reviewed weekly by the Risk mittee and quarterly by the QA commonistee interventions to provide a sa	Management mittee for			
	set) was quarterly as (assessment referent Resident #2 was coorditively impaired decisions scoring 10 Interview Mental Sta coded as being inde (activities of daily livit	recent MDS (minimum data assessment with an ARD since date) of 8/20/16. Indeed as being moderately in the ability to make daily 0 out of 15 on the BIMS (Brief atus) exam. Resident #2 was expendent with most ADL'S ring).					
	nursing note dated 5 part, the following: "3	5/21/16 that documented in 3:35 p.m Supervisor noted in a youth group that was					

leaving the facility. Resident approached to get her to return back to the facility. 3:30 p.m.

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		495358	B. WING	·		1	C 0/14/2016
	PROVIDER OR SUPPLIER NURSING CENTER			8830	REET ADDRESS, CITY. STATE, ZIP CODE O VIRGINIA STREET IELIA, VA 23002		97 (1772-1-1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	IX	PROVIDER'S PLAN OF CORRE (EACH CDRRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	assistance. Resider the facility in an atter rights and freedom. facility is violating he could not take a pic came in for activitie. (Sic.) assist with ge building. 4:20 p.m., is back in the facility door. Continues to daughter about beir making several atter mother at this time. Further nursing doc following: "4:35 p.m facility in parking lot Upon speaking with was not returning to down the street." Whe unsafe and not it said, "that (Sic.) she apartments." Again safe and resident prediction facility (Sic.). Resid this kind of thing all kind of treatment was (Sic.) was not going Dr. King rally." Was the south emergency was able to redirect Numerous attempts party) spoke to resid was unable to convidacility. Resident predictions as the south prediction of the south prediction of the south emergency was unable to convidacility. Resident predictions and south emergency was unable to convidacility. Resident predictions are south emergency was unable to convidacility. Resident predictions are south emergency was unable to convidacility. Resident predictions are south emergency was unable to convidacility. Resident predictions are south emergency was unable to convidacility. Resident predictions are south emergency was unable to convidacility. Resident predictions are south emergency was unable to convidacility.	on emergency exit door for nt noted to be walking around empt to be protesting for her. Resident states that the ser human rights because she cture with the youth group that es. 4:10 p.m Daughter call to etting resident back inside the , daughter arrived and resident y sitting on the couch near the be argumentative with her ang a prisoner here. Daughter empts to reason with her	F3	323			

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to entrance, resident continued to refuse to reenter facility. RP (responsible party) arrived

EvenI ID: V00K I I

Facilily ID: VA0002

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		495358	B. WING			10	C )/1 <b>4/20</b> 16
	PROVIOER OR SUPPLIER  NURSING CENTER			883	REET AOORESS, CITY, STATE, ZIP COOE 10 VIRGINIA STREET		
(X4) IO PREFIX TAG	(EACH OEFICIENC)	TEMENT OF OEFICIENCIES MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	iO PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCEO TO THE APPR OEFICIENCY)	ULO BE	(X5) COMPLETION DATE
F 323	Review of Resident that on 5/23/16, the order for (1) Risper	ge 17 able to get resident in facility" #2's clinical record revealed physician had written an dal 0.25 mg (milligrams) 1 me day the order for	F3	23			
	5:07 p.m.,"3-11 Not order for Risperdal stated, "I'm not sure medication. I really Educated RP on me at which RP stated questioned origin of want her on any nex (Sic.) MD (medical oplacing her on any remedical doctor) was conversation and ga (discontinue) aforen of d/c (discontinue) and thanked writer for monitor for durati	was documented on 5/23/16 at iffed RP via telephone of new 0.25 mg at which time RP is I want her on a brand new have to think about this." edication's drug classification understanding, but still forder. RP stated, "I don't w medications and I would lie doctor) to talk to me before new medications." MD is notified via telephone of ave new order to DC mentioned order. RP notified of new order via telephone for update. Staff will continue on of shift."					
	"Consult Psych."  Further review of the second occasion on left the building unsu documented, "5:12 paround facility by he (Sic.) at 3:25 p.m. T. same. Pt. (patient) a	wing order was written: e clinical record revealed a 6/4/16 where Resident #2 upervised. The following was o.m. Resident outside walking rself without staff presence his writer talked to her about argumentative and stating and shut up about this."					

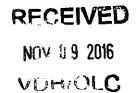
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just got done with (Name of staff) and (Name of staff) with this same talk and here you come. I'm

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Facility IO: VA0002

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO	D. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		TE SURVEY
		495358	B. WING			1(	C 0/14/2016
	PROVIDER OR SUPPLIER NURSING CENTER			8830	EET ADORESS, CITY, STATE, ZIP COO DVIRGINIA STREET ELÍA, VA 23002		
(X4) IO PREFIX TAG	(EACH OEFICIENCY	TEMENT OF OEFICIENCIES  MUST BE PRECEOEO BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIOER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SECTION SEC	HOULO BE	(X5) COMPLETION DATE
F 323	on 6/16/16 at 2:31 note was document this time regarding to have a psych (psycheduled for outsideresident's increased safety awareness. It is a danger to herse safety awareness a was wandering the that staff was outside for her safety with the ambulances that comay not be aware the wandering the parking regarding that possitions (Medical Doctor) co	p.m., the following nursing ted: "Writer spoke with RP at that resident is going to need ychiatric) apt (appointment) de of facility d/t (due to) de behaviors and decreased explained to RP that resident telf D/T (due to) the decreased not that on 6/15/16 resident parking lot on 3-11 shift and the with her but were worried the amount of cars and the and go from facility that that there may be a resident ing lotSpoke with RP also tibility that this psy (Sic.) MD along the agreeable to	F3				
	building was docum following was docum out wandering in pa (Director of Nursing (unit manager) arriv resident noted wand with visitor in attemp (Sic.) seeing resider Resident was able to with no injury noted. [certified nursing assitting with resident	where Resident #2 left the ented on 6/21/16. The nented, "4:52 p.m. Resident rking lot at this time per DON) upon supervisor and UM ing to front of building dering in parking lot near cars ofting to back up an (Sic.) no not and almost hit her. The omove out of the way in time CNA (name of CNA sistant]) outside on porch in rocking chair at present to stay outside. Staff to resident's safety."					

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Event IO: V00K11

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	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		ATE SURVEY OMPLETED
							С
		495358	B. WING			1	0/14/2016
NAME OF F	PROVIOER OR SUPPLIER	***************************************		STF	REET ADORESS, CITY, STATE. ZIP COD		
A 5-171 . A	PURCINO OFNITER		l	883	30 VIRGINIA STREET		
AMELIA	NURSING CENTER		l	AM	1ELIA, VA 23002		
(X4) IO PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEOED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETION OATE.
TAG	Continued From part documented in part daughter in to talk vand writer regarding doesn't know what staff that resident u worker came to talk this person was veradvised RP that this spoken with last nig that she could not orecommendations. person coming in an to see her mother from the would be someone medication orders of (Name of house ME saw her mother last upset her mother If wanted her mother From the wanted her mother DON discussed with much to be happy the safety. DON explain up out front advising down in the parking to the safety of the rediscussed trying to from the with a locked unit in hopefully make her and joined the discussed trying to from the discussed t	, , , , , , , , , , , , , , , , , , ,	TAG		CROSS-REFERENCED TO THE APP		OATE.
	RP also stated that a (Representative) wo talk with her mother this would be a grea	it. RP stated that she would. a senior services Rep ould be in tomorrow with RP to and administrator stated that at idea and that she would like while she was in the facility"					

No further documentation could be found

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		495358	B. WING			10	C 9/14/2016
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AMELIA	NURSING CENTER	·			0 VIRGINIA STREET IELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH OEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDEO BY FULL SC IOENTIFYING INFORMATION)	ID PREFIX TAG	Κ	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP OEFICIENCY)	DULD BE	IX5) COMPLETION DATE
F 323	visit or if the visit to could be found regar worker's visit.  On 7/15/16 the folloding periodic perio	r services representative's ok place. No documentation arding the clinical social with a service was documented: ") administrator's request nent) canceled and no further receiving multiple phone from resident's daughter and her concerns of her the psychiatrist. MD and the aware of administrator's oned rp/daughter (Sic.) and at psych apt was canceled. It (due to) her concerns that	F 3	23	UEFICIENCY)		
	did not address her new interventions in On 10/12/16 at 4:15 conducted with ASM #1 stated that the fir the NAACP came in residents. She state	elopement episodes or any place to prevent elopement. p.m., an interview was I #1, the administrator. ASM st episode occurred because to the facility to visit with the ed that this triggered a dent #2 who thought she was					

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back in the 60's participating in the Dr. King Marches. She stated that after that episode,

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO	D. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MÜL A. BIJILO		CONSTRUCTION	(X3) DA	ATE SURVEY DMPLETED
		495358	B. WING			10	C 0/ <b>14/2016</b>
	PROVIOER OR SUPPLIER NURSING CENTER		,	8830	EET ADDRESS, CITY, STATE, ZIP CO O VIRGINIA STREET ELIA, VA 23002		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	#2 exited the buildir done to prevent Reinto the parking lot, had tried to order an psychology consult, the medications and psychological service. She stated that psychological service involved at one poir happened with that. Resident) may have but I am not sure. I On 10/12/16 at 4:30 conducted with LPN unit manager. LPN daughter did not wathat the daughter we and psychological schange her mind an these interventions. Into place if the medican consults were refuse and prevent further that everyone watch When asked how the building and in the psupposed to be water and now the daughter psychological service hopefully after the day will convince her to I services.	her episodes where Resident ng. When asked what was sident #2 from wandering out ASM #1 stated that the doctor ntipsychotic medications and a but the daughter had refused in numerous attempts for tes to assess Resident #2. It chological services was not sure what ASM #1 stated, "(Name of a kicked the social worker out have to check on that."  I p.m., an interview was I (Registered Nurse) #1, the #1 stated that Resident #2's not many things. She stated build agree to the medication nervices and then she would do have the doctor discontinue. When asked what was put lications and psychological and to keep Resident #2 safe elopement, LPN #1 stated es her and keeps her safe. The eresident got out of the arking lot if everyone is ching her, LPN #1 stated that all meetings with the daughter er herself is obtaining es. LPN #1 stated that aughter obtains services, it	F3	323			

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conducted with ASM #1. When asked if Resident #2 had ever threatened to walk down the street or

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO	O. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUI A. BUILO	LTIPLE CONSTRUCTION DING		ATE SURVEY OMPLETEO
		495358	B. WING		11	C 0/14/2016
	PROVIOER OR SUPPLIER			STREET AOORESS, CITY, STATE 8830 VIRGINIA STREET AMELIA, VA 23002		
(X4) IO PREFIX TAG	(EACH OEFICIENCY	TEMENT OF OEFICIENCIES / MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFI TAG		CTION SHOULO BE O THE APPROPRIATE	(X5) COMPLETION OATE
	"Yes, but she usuali outside. Her behavi #1 stated that once outside unsupervise with her outside. We wander guard syste When asked if this for Resident #2, AS attempted for quite "She has been here cut it off awhile back #1 could provide do guard attempt for Resident #2) was now would have been had else." ASM #1 state a different facility for locked unit. ASM #1 visited the facility I redistance was too far there were any othe resident in another for behavior had stoppe considered unsafe.  On 10/12/16 at 5:58 conducted with OSM the clinical social we she had visited Resi or June for psychoth talked briefly with Resident in any distress and cool." OSM #3 scheduled to have a the following day, but with Resident in gray with Resident in any distress and cool." OSM #3 scheduled to have a the following day, but with Resident in gray with Resident in any distress and cool." OSM #3 scheduled to have a the following day, but with Resident in any distress and cool." OSM #3 scheduled to have a the following day, but with Resident R	the building, ASM #1 stated, by tells staff when she is going or ended up stopping." ASM the resident was found ad, a staff member would walk then asked if the facility had a m, ASM #1 stated, "yes." was an intervention attempted M #1 stated that it hasn't been some time. ASM #1 stated, awhile. I think she may have k." This writer asked if ASM cumentation of a wander esident #2. ASM #1 stated, and (2016) I felt that she not happy here. I felt like she appier and safer somewhere d that she had also looked for Resident #2 that had a 1 stated, "I think the daughter ecommended, but the for her." When asked if a rattempts to place the acility, ASM #1 stated that hered so she was no longer p.m., an interview was M (Other staff member) #3, wrker. OSM #3 stated that dent #2 at some point in May berapy. She stated that she esident #2 who did not appear, and appeared to be "calm"	F3	323		

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speaking with Resident #2. OSM #3 stated that

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			O	MB NO. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495358	B. WING		A THE SECOND SECOND AND ADMINISTRATION OF THE SECOND SECON	C 10/14/2016
	PROVIDER OR SUPPLIER NURSING CENTER			8	STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGIN)A STREET AMELIA, VA 23002	<u>,                                      </u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETION
	decision. When ast the initial visit, OSM at the time and does documented the vision ASM #1 could not provided.  ASM #1 could not provided.  On 1/21/16 at 1:21 provided.  On 1/21/16 at 1:21 provided.  On 1/21/16 at 1:21 provided.  On 1/21/16 at 1:21 provided.  On 1/21/16 at 1:21 provided.  On 1/21/16 at 1:21 provided.  On 1/21/16 at 1:21 provided.  On 1/21/16 at 1:21 provided.  In conducted with ASM followed for applying resident. ASM #1 stiput pure in a sident is ever re-awander guard, ASM (residents) get very because some of the lobby." ASM #1 was concerns.  Facility policy titled, documents in part the wellbeing of all reside wandering is ensure residents who are at wandering behavior addresses the issue wanders off the unit, should reflect a mon resident safety. The	reasoning behind this ked if she had documented 1 #3 stated that she was new is not think that she had	F 3	323		

(1) Risperdal-Used to treat schizophrenia, bipolar disorder, or irritability by autistic disorder. This

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		· · · · · · · · · · · · · · · · · · ·	T		<u> </u>	TVID ITO.	0000-000
	OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:			CONSTRUCTION		SURVEY PLETEO
						c	•
	:	495358	B. WING	i		_	4/2016
	PROVIDER OR SUPPLIER NURSING CENTER		<u> </u>	8830	EET AOORESS, CITY, STATE, ZIP COOE D VIRGINIA STREET ELIA, VA 23002	1	7,20.0
(X4) IO PREFIX TAG	(EACH DEFICIENCY	TEMENT OF OEFICIENCIES / MUST BE PRECEDEO BY FULL SC IOENTIFYING INFORMATION)	IO PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCEO TO THE APPROP OEFICIENCY)	) BE	(X5] COMPLETION OATE
	problems in older at This information wa Institutes of Health. https://www.ncbi.nlr T0012012/?report=c	of the used to treat behavioral dults who have dementia. It is obtained from The National m.nih.gov/pubmedhealth/PMH		323			
SS=D	483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIB LE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and			514 cumenta uld not ras just t poken to nentatio seen sh s so we	uses	11/4/16	
	The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and	reside all doc	cumenta	to assure	11/3/16		
	services provided; the preadmission screen	he results of any ning conducted by the State;	by QA	<ol><li>In-service with Unit managers and Social Service by QA to make sure proper communication form isu by all psychological consultants.</li></ol>			11 <i>/</i> 3/16
	by: Based on observation document review and was determined that a complete and accubic resident in the survivor Resident #2, fac psychological evaluation	UIREMENT is not met as evidenced observation, staff interview, facility review and clinical record review, it mined that facility staff failed to maintain e and accurate clinical record for one of in the survey sample, Resident #2.  ent #2, facility staff failed to document a ical evaluation from the clinical social er she had three episodes of		Manag ological Service ling tho es for th	ent	11/3/16	
	The findings include:	:					,

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Event IO: V00K11

Facility IO: VA0002

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OM		0. 0938-0391
STATEMENT OF OEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTI	ISTRUCTION		(X3) OATE SURVEY COMPLETED	
		405259	D. MUNIC					С
NAME OF	200 / 1050 00 01 100 150	495358	B. WING				10	/14/2016
NAME OF	PROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIE	₽ COOE		
AMELIA	NURSING CENTER				SINIA STREET			
				AMELIA,	VA 23002			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION	ID PREFI TAG		PROVIDER'S PLAN OF C EACH CORRECTIVE ACTI OSS-REFERENCED TO TI DEFICIENCY	ION SHOULD E HE APPROPRI		IX51 COMPLETION DATE
F 514	Continued From pa	ge 25	F 5	514				
	3/28/14 with diagnor limited to high blood stroke, and Non-Alz #2's most recent MI quarterly assessme reference date) of 8 coded as being more than ability to make of 15 on the BIMS (exam. Resident #2 independent with maliving).  Review of Resident nursing note dated a part, the following: "resident outside with leaving the facility. Her to return back to supervisor banged of assistance. Resident the facility in an atterights and freedom. facility is violating her could not take a pict came in for activities assist with getting rebuilding. 4:20 p.m.,	dmitted to the facility on uses that included but were not depressure, high cholesterol, wheimer's dementia. Resident DS (minimum data set) was ent with an ARD (assessment M20/16. Resident #2 was derately cognitively impaired in daily decisions scoring 10 out Brief Interview Mental Status) was coded as being ost ADL'S (activities of daily well-being ost ADL'S (activities of daily #2's clinical record revealed a 5/21/16 that documented in 3:35 p.m Supervisor noted in a youth group that was Resident approached to get to the facility. 3:30 p.m. on emergency exit door for an onted to be walking around mpt to be protesting for her Resident states that the ear human rights because she ture with the youth group that as 4:10 p.m Daughter call to esident back inside the daughter arrived and resident esitting on the couch near the						

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mother at this time."

door. Continues to be argumentative with her daughter about being a prisoner here. Daughter making several attempts to reason with her

Further nursing documentation revealed the following: "4:35 p.m., Resident noted outside of facility in parking lot as group was leaving facility.

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Facility IO: VA0002

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB N	O. 0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	f '		DNSTRUCTION		ATE SURVEY DMPLETED	
		495358	B. WING			1	C <b>0/14/20</b> 16	
	PROVIDER OR SUPPLIER NURSING CENTER			BB30 1	ET ADDRESS, CITY, STATE, ZIP CODE VIRGINIA STREET LIA, VA 23002	IX3) DA' CO!  10  E, ZIP CODE  OF CORRECTION ICTION SHOULD BE O THE APPROPRIATE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CDRRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(XS) COMPLETION OATE	
	was not returning to down the street." Very be unsafe and not it said, "that she was apartments." Again safe and resident proceeded around freeding and was not going to lear rally." Was able to emergency exit. At redirect resident barattempts made Resident on phone a convince resident to proceeded around freeding to the proceeded around freeding to the proceeded around freeding to the proceeded around freeding to the proceeded around freeding to the proceeded around freeding to the proceeded around freeding to the proceeded around freeding to the proceeded around freeding to the proceeded around freeding to the proceeded around freeding to the proceeded around freeding to the proceeded around freeding to the proceeding	resident she stated, "She of facility and was going to walk Writer advised her that would in her best interest. Resident going up the hill to the advised resident that was not roceeded to ambulate around ated, "that they do this kind of the south. This kind of the south. This kind of the south. This kind of the south this prolest at the Dr. King connect with staff at the south this time no staff was able to ck into facility. Numerous of (responsible party) spoke to and she too was unable to the return to facility. Resident to reenter facility. RP arrived able to get resident in facility"  #2's clinical record revealed physician had written an dal 0.25 mg (milligrams) 1 me day the order for	F	514				

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CENTE	RS FOR MEDICARF	E & MEDICAID SERVICES					MAPPROVEE O. 0938-0391
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILO		E CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
		495358	B. WING	;		1	C 0/14/2016
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		U/ IM/LU IV
AMELIA	NURSING CENTER		1	ľ	830 VIRGINIA STREET		
			<u> </u>	A	MELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUIL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 514	Continued From pa	200 27		-11			
1 015		age 27 one of conversation and gave	Fa	514			
		discontinue) aforementioned					
	order. RP notified of	of d/c of new order via					
		nked writer for update. Staff will r for duration of shift,"					
	COMMUE TO MONITOR	for duration of shirt.					
	On 5/24/16 the follo "Consult Psych (psy	owing order was written: ychiatrist)."					
	second occasion on left the building unst documented, "5:12 around facility by he (sic) at 3:25 p.m. Th same. Pt. (patient) "You're not my boss just got done with (Nataff) with this same	ne clinical record revealed a n 6/4/16 where Resident #2 supervised. The following was p.m. Resident outside walking erself without staff presence his writer talked to her about Argumentative and stating and shut up about this." I Name of staff) and (Name of e talk and here you come. I'm ave me alone. Explained to feness"					
	note was documented this time regarding to have a psych apt outside of facility d/t behaviors and decree Explained to RP that herself D/T the decree	p.m., the following nursing ted: "Writer spoke with RP at that resident is going to need (appointment) scheduled for t (due to) resident's increased eased safety awareness. It resident is a danger to reased safety awareness and dent was wandering the				•	

parking lot on 3-11 shift and that staff was outside with her but were worried for her safety with the amount of and ambulances that come and go from facility that may not be aware that there may be a resident wandering the parking lot...Spoke with RP also regarding that possibility that this psy MD (medical doctor) could place resident on an antipsychotic medication. RP agreeable to

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				O. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	OMB NO  (X3) DA' CON  10  ZIP CODE  DF CORRECTION CTION SHOULD BE OTHE APPROPRIATE	ATE SURVEY OMPLETED
		495358	B. WING		10	C 0/14/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	ODE	71 17 EU 10
AMELIA	NURSING CENTER			8830 VIRGINIA STREET AMELIA, VA 23002		
IX4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	IX5i COMPLETION OATE
F 514	Continued From pa	~	F 51	4		
	possible medication	ns at this time."				
	following was docur out wandering in pa (Director of Nursing (unit manager) arriv resident noted wand with visitor in attempresident and almost move out of the way CNA (name of CNA outside on porch sitt chair at present time	nented on 6/21/16. The mented, "4:52 p.m. Resident rking lot at this time per DON ) upon supervisor and UM ing to front of building dering in parking lot near cars oting to back up an no seeing hit her. Resident was able to v in time with no injury noted. [certified nursing assistant]) ting with resident in rocking as it her desire to stay national time to monitor resident's	,			
	documented in part, daughter in to talk wher mother stating s do with her. RP info unhappy that the clir talk to her last night very evasive per RP lady that her mother was only a counselo medications or make notified RP that the pmiddle of the month (Name of Organizatic could either write merecommendations to asked the lady who see her again as it up to with the state of the sta	ated 6/28/16 at 4:06 p.m. the following: "Resident's ith DON and writer regarding he just doesn't know what to rmed staff that resident nical social worker came to saying that this person was . Writer advised RP that this had spoken with last night r and that she could not order e recommendations. Writer person coming in around the to see her mother from on) would be someone who edication orders or make (Name of house MD). RP saw her mother last night not pset her motherRP further vanted her mother to be				

happy and writer and DON discussed with her while we want her very much to be happy that our

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CENTE	RS FOR MEDICARE	E & MEDICAID SERVICES					D. <b>0</b> 938- <b>0</b> 391
STATEMENT	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) OA	ATE SURVEY OMPLETED
		495358	B. WING	i		1(	C 0/1 <b>4/2</b> 016
NAME OF	PROVIOER OR SUPPLIER		1	ł	TREET ADORESS, CITY, STATE, ZIP COOE		
AMELIA	NURSING CENTER				830 VIRGINIA STREET AMELIA, VA 23002		
(X4) IO PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPROF OEFICIENCY)	DBE	(X5) COMPLETION DATE
F 514	we have had signs and staff to slow do hopefully alert other residents. RP agree her mother another order to keep her so happyadministrate discussion and encefacility in (name of type of unit. RP stated that a senior tomorrow with RP to administrator stated idea and that she would work while she was in the No documentation of clinical social worked on 10/12/16 at 5:58 conducted with OSM the clinical social worked she had visited Resor June for psychoth talked briefly with Reto be in any distress and cool." OSM #3	her safety. DON explained that up out front advising visitors own in the parking lot as to ears to the safety of the ed. RP discussed trying to find a facility with a locked unit in safe and hopefully make her tor came in and joined the couraged RP to visit another town) where they have this ated that she would. RP also a services Rep would be in to talk with her mother and that this would be a great would like to meet this person	F	514			
	daughter and reside speaking with Resid she wasn't sure the decision. When ask the initial visit, OSM	eut was notified that the ent did not want OSM #3 to be dent #2. OSM #3 stated that e reasoning behind this ked if she had documented 1 #3 stated that she was new as not think that she had					

documented the visit.

On 10/21/16 at 1:21 p.m., ASM (administrative

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB N	IO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULT A. BUILOII		PLE CONSTRUCTION G	(X3) C	OATE SURVEY OMPLETEO
	: 	495358	B. WING_			1	C 10/14/2016
NAME OF I	PROVIOER OR SUPPLIER			,	STREET AODRESS, CITY, STATE, ZIP COOE		
AMELIA	NURSING CENTER				8830 VIRGINIA STREET AMELIA, VA 23002		
(X4) IO PREFIX TAG	(EACH OEFICIENCY	TEMENT OF OEFICIENCIES ' MUST BE PRECEOEO BY FULL SC IDENTIFYING INFORMATION)	IO PREFIX TAG	×	PROVIOER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCEO TO THE APPF OEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 514	aware of the above information was produced information was produced information was produced. The following quota Perry's Fundamenta (2005, p. 477): "Dowritten or printed that proof for authorized within a client medicinursing practice. No accurate, comprehere trieve critical data track client outcome standards of nursing client record provided level of quality of call (1) Risperdal-Used to disorder, or irritability medicine should not problems in older accurate.	ne administrator was made findings. No further evided prior to exit.  Ition is found in Potter and eals of Nursing 6th edition cumentation is anything eat is relied on as record or persons. Documentation eal record is a vital aspect of eursing documentation must be ensive, and flexible enough to maintain continuity of care, es, and reflect current gractice. Information in the es a detailed account of the re delivered to the clients."  Ito treat schizophrenia, bipolar by by autistic disorder. This is be used to treat behavioral dults who have dementia.	F 5	.14			
	Institutes of Health.	s obtained from The National n.nih.gov/pubmedhealth/PMH letails.					